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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/567,200			ing Date 03/2006	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	UMBER FI	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A	1	N/A			N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 ≈			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		l	x s = 1		1	X 8 =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a))  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/6) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						•					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	10/19/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 13	Minus	20	= 0	]	X \$ =		OR	X \$60=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	···6	<b>-</b> 0	1	x s =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1		OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
E.	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
ENDMENT	Independent (37 CFR 1 16(h))	*	Minus	***	-	]	X \$ =		OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))					1					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For" (In Italia SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (In Italia or Independent) is the highest number found in the appropriate box in column 1.  The collection of Internation is accounted by 37 CET 1.16 independent is unswelled not being countered to the proposal serving a place of the fire public which is fills (and by the ISETO to											

This collection of information is required by 37 CFR 11.6. The information is required to defining or retain a benefit by the public which is to file (and by the DSF) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 21.4. This collection is estimated to take 12 inmulates to complete, including gathering, preparing, and submitting the completed application form to the USF 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFM Information Cities. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, V.A. 2231-34. Bo. D. NOT ISSN 17.5. The ESS OF COMPLETED FORMS TO THIS ADDRESS SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, V.A. 2231-34. Box.